## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/22/2010	Address:	MARR RD. AT C.R. 300 N
Case #:	421/31180		COLUMBUS, IN
County:	BARTHOLOMEW		<u>47201</u>
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (d Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel  Open – No Structure  Other:
Items Found: Location (bedroom, kitchen. open air, etc) (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/fodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium):   Manydrous Ammonia: CYLINDER IN DITCH   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base:   Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agence  Fire Department: <u>C.F.D.</u>			
•		Fax: <u>E-MA</u> Fax: <u>E-MA</u>	
•	artment: <u>B.C.H.D.</u> ction Service:	Fax:	
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For further information regarding this methamphetamine laboratory, contact Investigating Officer:			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.